PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Address associated with USPTO Customer Number 32615					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				Γ	N/A		(Depositor's name)
					N/A		(Signature)
				Γ	N/A		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	O. CONFIRMATION NO.	
10/675,748	09/30/2003		Nasser Nouri			33226/324001; P8928	8004
TITLE OF INVENTION	: SELF-CHECKIN	IG SIMULATI	ONS USING	DYNAMIC I	OATA LOAD	ING	
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICA'	ΓΙΟΝ FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510	0.00			\$1,510.00	09/18/2009
EXAM	INER	ER ART U		INIT CLASS-SUBCLAS]	
S. Lo			8				
1. Change of correspond Address" (37 CFR 1.363 Change of corre Correspondence "Fee Address" in form PTO/SB/47	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	<u>ier Number is required</u> ND RESIDENCE DAT			-			
PLEASE NOTE: Unle	ss an assignee is identific orth in 37 CFR 3.11. Co	ed below, no as	rignee data will appear on the patent. If an assignee is identified below, the document has been filed form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Sun Microsystems, Inc. Santa Clara, California							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s)	4b. Payment of Fee(s):						
X Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (X Payment by credit card.						
Advance Order -	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591						
5. Change in Entity Sta	tus (from status indicate	d above)					
a. Applicant clair	ms SMALL ENTITY sta	tus. See 37 CF	R 1.27.	b. Applicat	nt is no longe	r claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
	Publication Fee (if require	d) will not be ac	ccepted from a			viously paid issue fee to the app nt; a registered attorney or ager	plication identified above. nt; or the assignee or other party in
Authorized Signature	÷	/Robert P. Lord/				DateS	eptember 4, 2009
Typed or printed nan	ne	Robert P. Lord				Registration No.	46,479